

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 02-25-05.

The IRO reviewed office visits, massage therapy, therapeutic exercises, mechanical traction, ultrasound, SPL/MATL, electrical stimulation and FCE rendered from 05-10-04 through 09-29-04 that were denied based upon "U" and "V".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order. The amount due from the carrier for the medical necessity issues equals **\$13,274.52**.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 03-16-05, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

CPT code 99080-73 dates of service 06-23-04, 07-07-04, 07-21-04, 08-04-04, 08-18-04 and 09-01-04 denied with denial code "U/V" (unnecessary medical treatment with/without peer review). Per Rule 129.5 the TWCC 73 is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter. Reimbursement is recommended in the amount of **\$90.00 (\$15.00 X 6 DOS)**. A Compliance and Practices referral will be made as the carrier is in violation of Rule 129.5.

CPT code 99358-52 dates of service 05-20-04, 08-20-04, 08-24-04, 08-25-04 and 09-20-04 denied with denial code "U/V" or neither party submitted an EOB. CPT code 99358 with modifier 52 is invalid. No reimbursement is recommended.

Review of CPT code 99212 dates of service 08-27-04 and 08-23-04 revealed that neither party submitted copies of EOBs. Per Rule 133.307(e)(2)(B) the requestor did not provide convincing evidence of carrier receipt of the providers request for EOBs. No reimbursement is recommended.

This Findings and Decision is hereby issued this 9th day of May 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees for dates of service 05-10-04 through 09-29-04 totaling \$13,364.52 in accordance with the Medicare program reimbursement methodologies effective August 1, 2003 per Commission Rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

This Order is hereby issued this 9th day of May 2005.

Allen McDonald, Director
Medical Review Division

Enclosure: IRO Decision

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758
Fax 512/491-5145

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

April 19, 2005

Re: IRO Case # M5-05-1773 -01, amended 5/5/05

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's

Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal. The case was reviewed by a Doctor of Chiropractic who is licensed in Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. TWCC 69 7/29/04
4. D.D. and I.R. exam report, 7/29/04, Dr. Baranona
5. Review, 6/2/04, Dr. Niekamp
6. Electrodiagnostic report 6/16/04
7. Report 10/13/04, Dr. Crawford
8. SOAP notes Dr. Talarico
9. Initial report 3/23/04 Dr. Muniz
10. PPE report 4/15/04
11. MRI report of the lumbar spine 4/30/04
12. FCE reports, 5/17/04, 9/1/04
13. Reports 5/20/04, 7/15/04 Dr. Mayoriga
14. Report 7/25/04, Dr. Smith
15. Back exercise work sheets
16. TWCC work status reports
17. Mental health assessment report, 8/16/04

History

The patient injured her back in ____ when she lifted a heavy tray of dough. She initially saw Dr. Muniz on 3/23/04 for chiropractic treatment. MRI and electrodiagnostic evaluation were performed. She has been treated with medication, therapeutic exercises and chiropractic care.

Requested Service(s)

OV, massage therapy, therapeutic exercises, mechanical traction, ultrasound, SPL/MATL, elec stimulation, code 99214 FCE, OV 5/10/04 – 9/29/04

Decision

I disagree with the carrier's decision to deny the requested services.

Rationale

The patient responded very slowly but positively to treatment. The goal of return to work was met, as the patient was able to perform her job duties on 9/1/04 and was released to full duty. Two months earlier, epidural steroid injections had been recommended, but were denied by the carrier. This may have been beneficial in decreasing the patient's pain and decreasing her treatment time. Work restrictions were not honored, and the patient had exacerbations during treatment that lengthened her recovery.

The documentation of the patient's treatment is adequate in supporting treatment for the dates in this dispute. The patient's subjective pain complaints showed continuing improvement throughout treatment. Range of motion, strength and functional improvement showed gains as treatment progressed. The documentation showed a plan of care and reasoning for continuing with therapy. The documentation showed progression of the rehabilitation program and a move towards self-directed care. The treatment in dispute was reasonable and medically necessary.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Daniel Y. Chin, for GP